

Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3: (a) PRINT FULL NAME FOREST T. McDONALD
3. (b) If veteran, name war No | 3. (c) Social Security No. None

4. Sex Male | 5. Color or race White
6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased. October 19 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>4</u>	<u>0</u>	hr. min.

9. Birthplace. St. Josephs Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER {
12. Name Clarence McDonald
13. Birthplace Salem Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Marleta McGuire
15. Birthplace Forest City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence McDonald
(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 2-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) J. F. Brebeck (b) J. F. Brebeck
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent **33**
(c) City or town Salem **1**
(If outside city or town limits, write "RURAL")
(d) Street No. 9 N. Iron St. **1**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 5 1948 to Feb 19 1948
that I last saw her alive on Feb 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Due to Tuberculosis
Membranitis
Lungs not affected

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
14

Duration.....
PHYSICIAN.....
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

(Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature Ellsworth Kneal (M. D. or other) **MA**
Address 4700 Washington Blvd. Date signed 2-20-48

JUN 18 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Allen Daniels*
Licensed Embalmer No. *4053*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.